



MONTHLY PRE-AUTHORIZATION PAYMENT		
INSTRUCTIONS: Please do not forget to sign and date this form.	IMPORTANT: This form will be returned if incomplete or unsigned.	COMPLETED FORM: Can be mailed, faxed, or emailed to accounting@quikcard.com .

Pre-authorized Payment Authorization and Agreement ("Agreement")

I/we _____ of _____
 Name(s) Company

 Address City Province Postal Code

Please attach a void cheque with this form

I (we) the undersigned account holders, authorize Quikcard Solutions Inc. ("Quikcard") to draw a debit, by paper or electronic entry, from my (our) account as indicated on the attached "void" cheque (the "Account"), for the purpose of health plan contributions, in the fixed amount of \$_____ payable on or about the first of each month beginning _____, 20____ and continuing until notice to the contrary is given. I(we) may authorize further sporadic or one-time debits to the Account, provided that Quikcard will obtain my (our) prior authorization for any such debit. This debit is for business purposes.

If an attempt to draw a debit on the Account by Quikcard that I (we) have authorized is unsuccessful or returned by my (our) financial institution, I (we) authorize Quikcard to re-present such debit for payment. I agree that in the event of a second occurrence of a returned or unsuccessful debit from my (our) Account, that Quikcard may, in its sole discretion, immediately terminate my (our) pre-authorized payment privileges and this Agreement. Termination of this Agreement does not terminate the contract for goods and services to which this Agreement relates.

I (we) will notify Quikcard promptly in writing if I (we) move the Account from my (our) financial institution or branch to another, or if there is any other change in the Account. I (we) acknowledge that delivery of this authorization to Quikcard constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain the Account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.

I (we) may cancel this Agreement at any time by providing 30 days written notice to Quikcard. I (we) may obtain a sample cancellation form, or more information on my (our) right to cancel this Agreement, at my (our) financial institution or at www.cdnpay.ca. This Agreement may be cancelled at any time by Quikcard upon written notice to me (us).

I (we) have certain recourse rights if any debit does not comply with this Agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca.

 Signature Date Signature* Date

**For joint accounts, all account holders must sign if more than one signature is required on cheques issued against the Account.*